REQUEST FOR CAS SUPPORT FORM							
REQUESTED BY:	PHON		E NUMBER		OFFICE SYMBOL:		
REQUEST DATE:	REQUIRED DATE:			REQUEST NUMBER: (Completed by COTR)			
TASK DESCRIPTION:					<u> </u>		
☐ New Support ☐ Additional S	Support \square Rec	lassificat	tion \square Cha	inge in Di	uties	rmational	
Location: Building: Room: Estimated number of people required:							
Estimated period of performance:							
Specific Tasks to be performed:							
Typical tasks may include: Desktop Processing, Human Resources Transactional Processing, TDY Travel Support, Office Files/Records							
Maintenance, Mail/Reports Distribution, General Administrative Support, Human Resources Technical Support, Training Support, Security Support, and Technical Writing Support							
SPECIAL NOTES/COMMENTS:							
Request for Administrative Support outside th	he scope of this contrac	t will be re	turned to the requ	estor by the	COTR or CO for r	evision.	
	PRINTED		DATE		PHONE	OFFICE	
APPROVAL LEVEL	NAME/SIGNAT	URE	APPROVE	D	NUMBER	SYMBOL	
DIRECTOR/MANAGER							
	Beth Young		5.4./		1 1 4 1 2	HGO2	
COTR				544	1-1412	HS02	
CONTRACTING OFFICER							
FOR MTI USE ONLY							
ORDER NUMBER:	DATE RECEIVED:			REVIEWED BY:			
□ ACCEPTED	□ NOT ACCEPTED			COST ESTIMATE:			
IF NOT ACCEPTED, STATE REA	SON WHY:						
	т						
PERSONNEL ASSIGNED:			RECOMMENDED LABOR CATEGORY:				